

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/	/				
11	/		/			
12	/					
13	(1)					
14	(1)					
15	(1)					
16	(1)					
17	(1)					
18	(1)					
19	/					
20	/	/				
21	/		/			
22	/					
23	/					
24	/					
25	/					
26	/					
27	2					
28	9					
29						
30						
31						
32						
33						
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35						
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44						
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47						
48						
49						
50						
TOTAL IND.	3		2			
TOTAL DEP.	17	↔	2	↔		
TOTAL CLAIMS	30		2			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS